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PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/466640

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN	
			(Column 1)			(Column 2)			TYPE		OR	SMALL	ENTITY
FOR			NUMBER FILED]	NUMBER EXTRA			RATE	FEE	[RATE	FEE
BASIC FEE									1	380.00	OR		760.00
TOTAL CLAIMS			40	minus 2	20=	* 20			X\$ 9=		OR	X\$18=	360,00
	EPENDENT CL		minus 3 =			* 8			X39=		OR	X78=	624.00
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1744,00	
CLAIMS AS AMENDED - PART II												OTHER	
	province and the second second		umn 1)			(Column 2) (Column 3)		_	SMALL ENTITY		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	inus **		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	MIAHON	N OF ML	JETIPLE DEF	ENL	JENI CLAIM		' [+130=		OR	+260=	
								L	TOTAL	**	OR	TOTAL	
		(O-l	4\		10	Solumn (1)	(Column 3)	AI	DDIT. FEE			ADDIT. FEE	
		(Colur				Column 2) HIGHEST	(Column 3)			ADDI-			ADDI-
AMENDMENT B		REMAI AFT AMEND	ER		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	455			000	
									+130= TOTAL		OR	+260=	
											OR	TOTAL ADDIT. FEE	
		(Colur	mn_1)		(0	Column 2)	(Column 3)	_	ODIT. FEE I				
AMENDMENT C	•	CLAI REMAI AFT AMEND	IMS INING ER		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	**	*	=		X39=			X78=	
<u> ۲</u>	FIRST PRESE	NTATION	OF ML	JLTIPLE DEF	PEN	DENT CLAIM		│ ├			OR		
	* If the entry in column 1 is iess (ಶಿವಾ the entry in column 2, write "0" in column 3.										OR	+260=	
**	If the "Highest Nu If the "Highest Nu	mber Prev	riously Pa	id For" lä THI aid For" IN THI	S SP	ACE is less tha ACE is less tha	in 20, enter "20." in 3, enter "3."	-	TOTAL ODIT. FEE		_	TOTAL ADDIT. FEE	L
'	The "Highest Nur	nber Previo	ously Paid	d For" (Total o	r Inde	pendent) is the	highest numbe	er foun	d in the app	propriate box	k in col	lumn 1.	